

# JOINT HEALTH SERVICE SUPPORT VISION 2010, DRAFT, MARCH 1997

## Proponent

The proponent for this document is the Joint Chiefs of Staff.

## Web Site Location

This document is not on the world-wide web. The document may be reviewed in the USACHPPM Plans and Integration Office.

## Definition

*Enemy threat - a threat that depends largely on an enemy's intent to use force and to inflict casualties. The direct result from the use of force involving weapons is combat casualties.*

*Full spectrum health - focuses on health promotion, casualty prevention, and capable and agile medical units supported by a CONUS based Medical Health System.*

*Health threat - a threat that depends on environmental and operational factors. The direct result of a health threat is disease and non-battle injuries.*

## Synopsis

Joint Health Service Support (JHSS) Vision 2010 is a conceptual framework for developing and providing medical services to support the CINC's warfighting mission now and into the 21st century. It is a common direction for the services, commands and defense health agencies, oriented toward supporting our warfighters. An update to this vision is now incorporated in the document "Focused Logistics, Joint Vision 2010, A Joint Logistics Roadmap, 1 August 1997." This version of the vision contains more detailed information regarding the healthy and fit force and casualty prevention components of the strategy. We must not relegate these components to a lower priority than the casualty care and management component.

In concert with the National Military Strategy, the JHSS strategy supports the strategic concepts of overseas presence and power projection. It highlights that our medical forces will be CONUS based. They therefore must be deployable with full spectrum health capabilities, at the right time and place to provide effective and efficient care for our forces. In order to achieve this goal, the JHSS Vision 2010 focuses on three key components (which align with the National Military Strategy):

- ◆ Healthy & fit force - deploying a healthy and fit force on demand. A healthy force ready to deploy anywhere in the world and ready to withstand hardship is key; wellness programs to support this goal are focused on physical fitness, health promotion and occupational health. Wellness requires continuous attention before, during and after deployment to sustain maximum readiness and warfighting capability. Stronger, more fit military members are less likely to be injured accidentally, more readily withstand exposure to diseases and stress, and more promptly heal from wounds and injuries. These initiatives become the foundation to a robust force. We must establish a baseline for health, intervene to enhance readiness, and maintain health through multiple mission types. Through the promotion of wellness and quality of life we strengthen the human component of our force against disease and injury;



Report Documentation Page		
<b>Report Date</b> Aug 1998	<b>Report Type</b> N/A	<b>Dates Covered (from... to)</b> -
<b>Title and Subtitle</b> Joint Health Service Support Vision 2010, Draft, March 1997	<b>Contract Number</b>	
	<b>Grant Number</b>	
	<b>Program Element Number</b>	
<b>Author(s)</b>	<b>Project Number</b>	
	<b>Task Number</b>	
	<b>Work Unit Number</b>	
<b>Performing Organization Name(s) and Address(es)</b> U.S. Army AMEDD Center and School Fort Sam Houston, TX 78234	<b>Performing Organization Report Number</b>	
<b>Sponsoring/Monitoring Agency Name(s) and Address(es)</b>	<b>Sponsor/Monitor's Acronym(s)</b>	
	<b>Sponsor/Monitor's Report Number(s)</b>	
<b>Distribution/Availability Statement</b> Approved for public release, distribution unlimited		
<b>Supplementary Notes</b>		
<b>Abstract</b>		
<b>Subject Terms</b>		
<b>Report Classification</b> unclassified	<b>Classification of this page</b> unclassified	
<b>Classification of Abstract</b> unclassified	<b>Limitation of Abstract</b> UU	
<b>Number of Pages</b> 2		

- ◆ Casualty prevention - the second component focuses on both forms of threat: the enemy and health. The enemy threat produces combat casualties while the ever-present health threat, which depends on a complex set of environmental and operational factors in combination, produces disease and non-battle casualties. To counter the health threat, there must be a comprehensive medical intelligence collection system, continuous surveillance and data collection, and approved uniform countermeasures functioning continuously before, during and after deployment;
- ◆ Casualty care and management - deploying smaller, mobile, and capable units to provide essential care in theater, units which can be tailored to varying missions. This requires a well-coordinated and integrated joint use of deployed medical resources. The major components of this strategy are first response, pre-hospitalization treatment, forward resuscitative surgery, tailorable hospital care and enroute care. A primary goal is to reduce the medical footprint. Our focus is essential care in theater and evacuation to CONUS for definitive care

To support these components, research, development, and technology modernization initiatives to enhance JHSS through the year 2010 must occur.

## What Does This Mean for Military Public Health?

To support this vision we must adopt the following themes common to other planning documents on our list.

- ◆ create a common culture throughout the DoD that values health and fitness. We will focus on value-added products and services that will increase our ability to help shape the international HP & PM environment of tomorrow;
- ◆ USACHPPM could serve as a center of excellence for the full spectrum of health promotion and preventive medicine services in managing the health of our soldiers and beneficiaries;
- ◆ assist with the development of a Joint service approach in addressing the health promotion and preventive medicine needs of commanders, especially the CINCs;
- ◆ assist the Army Medical Department (AMEDD) Center and School and other service schools in developing solutions to address lessons learned and doctrine, training, leader development, organization, materiel, and soldiers (DTLOMS) deficiencies;
- ◆ assist in development of AMEDD and other service medical specific curricula for health promotion and preventive medicine for required officer and enlisted specialties; and
- ◆ assist in the development of health promotion and preventive medicine curricula for Army and all other service schools, basic officer and enlisted, advanced individual training, and senior service schools. The curricula must stress the connection between health promotion and preventive medicine and commander's Force protection policies.